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8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2011-844

13 **LINDA ANN GALANOS**
14 **1184 San Carlos Drive**
15 **San Luis Obispo, CA 93401**

A C C U S A T I O N

16 Registered Nurse License No. 364928
Nurse Practitioner License No. 6628
Public Health Nurse License No. 47684
Nurse Practitioner Furnishing License No.
6628

17 Respondent.

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19 Complainant alleges:

20 **PARTIES**

- 21 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
22 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
23 Consumer Affairs.
24 2. On or about August 31, 1983, the Board of Registered Nursing issued Registered
25 Nurse License Number 364928 to Linda Ann Galanos (Respondent). On or about July 21, 1993
26 the Board of Registered Nursing issued Nurse Practitioner License Number 6628 to Respondent.
27 On or about July 3, 1991, the Board of Registered Nursing issued Public Health Nurse License
28 Number 47684 to Respondent. On or about April 21, 1994 the Board or Registered Nursing

1 issued Nurse Practitioner Furnishing License Number 6628 to Respondent. The above-described
2 licenses were in full force and effect at all times relevant to the charges brought herein and each
3 will expire on July 31, 2011, unless renewed.

4 JURISDICTION

5 3. This Accusation is brought before the Board of Registered Nursing (Board),
6 Department of Consumer Affairs, under the authority of the following laws. All section
7 references are to the Business and Professions Code unless otherwise indicated.

8 RELEVANT STATUTORY AND REGULATORY PROVISIONS

9 4. Section 2750 of the Business and Professions Code (Code) provides, in pertinent part,
10 that the Board may discipline any licensee, including a licensee holding a temporary or an
11 inactive license, for any reason provided in Article 3 (commencing with section 2750) of the
12 Nursing Practice Act.

13 5. Section 2761 of the Code states in pertinent part:

14 "The board may take disciplinary action against a certified or licensed nurse or deny an
15 application for a certificate or license for any of the following:

16 "(a) Unprofessional conduct, which includes, but is not limited to, the following:

17 "(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing
18 functions."

19 6. Section 2764 of the Code provides, in pertinent part, that the expiration of a license
20 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the
21 licensee or to render a decision imposing discipline on the license.

22 7. California Code of Regulations, title 16, section 1443, states:

23 "As used in Section 2761 of the code, 'incompetence' means the lack of possession of or the
24 failure to exercise that degree of learning, skill, care and experience ordinarily possessed and
25 exercised by a competent registered nurse as described in Section 1443.5."

26 8. California Code of Regulations, title 16, section 1443.5 states:

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"A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

"(1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.

"(2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.

"(3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.

"(4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.

"(5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and health team members, and modifies the plan as needed.

"(6) Acts as the client's advocate, as circumstances require, by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided."

COST RECOVERY

9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

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FACTUAL SUMMARY

10. Respondent at all relevant times was employed at the San Luis Primary Care clinic, in San Luis Obispo, California as a Family Nurse Practitioner where she provided patient care.

11. Patient M.H. was a patient of the San Luis Primary Care clinic since August 4, 2003. At his first appointment, he was 48 years of age and his blood pressure reading was 140/96. It was noted in the patient's chart that the clinic's reviewing medical doctor (MD) was concerned about M.H.'s blood pressure reading. Patient M.H. presented a positive family history of heart disease in that his father's death at age 80 was related to heart disease. Patient M.H. visited the clinic again on October 27, 2003 with complaints of palpitations and heartburn. An Electrocardiograph (EKG) was performed on or about that date that showed occasional skipped hard beats at rest. Patient M.H. made three (3) more visits to the clinic until November 1, 2005, at which time his blood pressure was elevated to 160/98. During these five (5) visits, Patient M.H. was treated by a physician's assistant.

12. On March 21, 2007, Patient M.H. returned to the San Luis Primary Care clinic where he first began receiving care from Respondent. At that visit, Respondent reported a blood pressure reading of 150/90 and complaints from the patient that his lungs ached at the gym and he had a head cold with a cough. Respondent's assessment/plan was to determine whether the patient had allergic rhinitis or bronchitis and she recommended beginning antihistamine and a regimen of Zithromax, an antibiotic.

13. On April 9, 2007, Patient M.H. returned to the clinic for an office visit with Respondent. Respondent reported a blood pressure reading of 128/80. Respondent further reported that Patient M.H. had completed the prescribed antibiotics and felt better; however, the abdominal burning still persisted. Respondent's assessment/plan was to rule out (gastroesophageal reflux disease) GERD vs. peptic ulcer disease (PUD) and start treatment with medication. Respondent also scheduled an upper gastrointestinal (GI) series of tests and lab fasting, as well as provide dietary modification information.

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1 14. On April 12, 2007, Patient M.H. called Respondent and requested a call back
2 regarding his laboratory test results. M.H. was told that results would be reviewed at an office
3 visit with Respondent.

4 15. On April 13, 2007, during an office visit with Patient M.H., Respondent reported that
5 the GI test was negative and that labs are within normal limits, with the exception of a positive
6 finding for helicobacter pylori (H. Pylori), (a stomach bacteria). Respondent changed patient
7 M.H.'s medications from a medication to treat gastroesophageal reflux (Protonix) to one that
8 treats H. Pylori (Prevpac) and alerted M.H. to return for an office visit if symptoms persist.

9 16. On April 17, 2007, Patient M.H. called Respondent and reported a "burning
10 sensation" and stated that he feels a little worse sometimes and requested a return call.
11 Respondent advised to continue the Prevpac and recommended an office visit.

12 17. On April 25, 2007, Patient M.H. telephoned Respondent and left a message stating
13 that the medication was not working after two (2) weeks and that the pharmacist recommended
14 that M.H. call her. Respondent's assessment/plan was to take an abdominal ultrasound.

15 18. On April 26, 2007, Patient M.H. returned to the clinic to see Respondent with
16 complaints that the abdominal pain was worse than before and that the acid reflux had lasted one
17 (1) month. Respondent reported a blood pressure reading for M.H. of 128/74. Respondent notes
18 that the patient had an anxious demeanor asking about the low blood pressure. Respondent's
19 assessment/plan is to finish regimen of Prevpac and antibiotics tomorrow and to begin a regimen
20 of Nexium, used to treat gastric acid. Respondent also recommended that if symptoms persist and
21 abdominal ultrasound is negative that Patient M.H. consult with a G.I specialist. The ultrasound
22 results came back on April 27, 2007.

23 19. On April 27, 2007, at 2328 hours, Patient M.H. was pronounced dead with a listed
24 cause of Acute Myocardial Infarction due to Atherosclerotic Coronary Artery Disease.

25 FIRST CAUSE FOR DISCIPLINE

26 (Incompetence - Failure to Assess Health Status)

27 20. Respondent is subject to disciplinary action for incompetence under Code section
28 2761, subdivision (a)(1) and title 16, sections 1443 and 1443.5 of the Code of Regulations, in that

1 she failed to demonstrate that she reviewed or considered Patient M.H.'s past health history or
2 perform and/or order preventative and diagnostic procedures based on the patient's age, medical
3 history and presenting symptoms. Respondent failed to perform applicable testing including
4 performing an updated EKG and/or treadmill testing to rule out cardiac etiology symptoms.
5 Respondent's failure to accurately assess Patient M.H.'s health status is set forth above in
6 paragraphs 10 through 18 above and incorporated herein by this reference wherein Respondent
7 failed to detect the patient's Atherosclerotic Coronary Artery Disease.

8 SECOND CAUSE FOR DISCIPLINE

9 (Incompetence - Failure to Make a Differential Diagnosis)

10 21. Respondent is subject to disciplinary action for incompetence under Code section
11 2761, subdivision (a)(1) and title 16, sections 1443 and 1443.5 subdivision (1) of the Code of
12 Regulations, in that Respondent failed to utilize critical thinking in the diagnostic process in
13 synthesizing and analyzing the collected data and formulating a differential diagnosis based on
14 the history, physical examination and diagnostic test results. Respondent failed to consider a
15 more sinister cause of the patient's abdominal pain and make a cardiovascular differential
16 diagnosis as set forth above in paragraphs 10 through 18 above and incorporated herein by this
17 reference.

18 THIRD CAUSE FOR DISCIPLINE

19 (Incompetence - Failure to Develop Treatment Plan)

20 22. Respondent is subject to disciplinary action for incompetence under Code section
21 2761, subdivision (a)(1) and title 16, sections 1443 and 1443.5 subdivision (1) of the Code of
22 Regulations, in that she failed to formulate a treatment plan with appropriate pharmacologic and
23 non-pharmacologic interventions. Respondent failed to consult with an available MD at the clinic
24 and refer the patient to a specialist where his test results were negative and his weight had been
25 stable as set forth above in paragraphs 10 through 18 above and incorporated herein by this
26 reference.

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FOURTH CAUSE FOR DISCIPLINE

(Incompetence - Failure to Implement Treatment Plan)

23. Respondent is subject to disciplinary action for incompetence under Code section 2761, subdivision (a)(1) and title 16, sections 1443 and 1443.5 subdivision (3) of the Code of Regulations, in that she failed to implement an individualized treatment plan consistent with the appropriate care plan, including accurately conducting, supervising and interpreting diagnostic tests, prescribing/ordering pharmacologic agents and non pharmacologic therapies and providing relevant patient education. Additionally, Respondent failed to make appropriate referrals to other health professionals and community agencies, which would have been appropriate based upon the presenting symptoms noted in paragraphs 10 through 18 above and incorporated herein by this reference.

FIFTH CAUSE FOR DISCIPLINE

(Incompetence - Failure to Follow Up and Evaluate Patient Status)

24. Respondent is subject to disciplinary action for incompetence under Code section 2761, subdivision (a)(1) and title 16, sections 1443 and 1443.5 subdivisions (5) and (6) of the Code of Regulations, in that Respondent failed to determine the effectiveness of the treatment plan with documentation of patient care outcome in reassessing and modifying the plan as necessary to achieve the health and medical goals. Respondent failed to consult with a MD, check differential diagnosis, rule out most serious options first, and refer to a specialist based upon the symptoms presented as set forth above in paragraphs 10 through 18 above and incorporated herein by this reference.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number 364928, issued to Linda Ann Galanos;
2. Revoking or suspending Nurse Practitioner License Number 6628, issued to Linda Ann Galanos;


1 3. Revoking or suspending Public Health Nurse License Number 47684, issued to Linda
2 Ann Galanos;

3 4. Revoking or suspending Nurse Practitioner Furnishing License Number 6628, issued
4 to Linda Ann Galanos;

5 5. Ordering Linda Ann Galanos to pay the Board of Registered Nursing the reasonable
6 costs of the investigation and enforcement of this case, pursuant to Business and Professions
7 Code section 125.3; and

8 6. Taking such other and further action as deemed necessary and proper.
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10 DATED: 4/13/11


LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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